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CV 2145471 - F02145440

MCJ

PERSONNEL INVESTIGATION

SUPERVISORS REPORT ON USE OF FORCE

INVESTIGATIVE NARRATIVE

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A. Reports, File # 005-00593-5100-145

- ▶ Incident Report by Deputy Mailloux
- ▶ Supplemental Report by Deputy [REDACTED]
- ▶ Supplemental Report by Deputy Gentner
- ▶ Supplemental Report by Deputy Plunkett
- ▶ Supplemental Report by Deputy [REDACTED]
- ▶ Supplemental Report by C.A. Acosta
- ▶ Supplemental Report by Deputy Brodie
- ▶ Supplemental Report by Deputy Morrales
- ▶ Supplemental Report by C.A. [REDACTED]
- ▶ Supplemental Report by Senior Deputy Armas
- ▶ Supplemental Report by Sergeant Bottomley

B. Sheriff's Department Inmate Injury Report

- ▶ Inmate [REDACTED] Medical Records

C. Compact Disk (Copy of the 8 mm MP Video Tape) of Inmate [REDACTED] Interview by the MCJ Watch Commander.

D. Digital Photographs of Deputy Mailloux, Inmate [REDACTED] and Location of Incident (Compact Disk with Additional Photographs Included)

E. Historical Criminal Information Regarding Inmate [REDACTED]

MISCELLANEOUS DOCUMENTS

- ▶ MCJ, PM Shift In- Service
- ▶ Administrative Rights
- ▶ Request for Administrative Investigation

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

DATE: September 20, 2005

OFFICE CORRESPONDENCE

FILE:

FROM: JOHNNY G. JURADO, COMMANDER
LEADERSHIP & TRAINING DIVISIONTO: JOHN H. CLARK, CAPTAIN
MEN'S CENTRAL JAILSUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS
USE OF FORCE, APRIL 29, 2005, INVESTIGATION IV#2145471 / FO 2145440**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on April 29, 2005.

The Committee met on September 15, 2005, and consisted of myself and Commanders Kenneth Brazile (Commander of the Department), Eric Smith (Leadership and Training Division) and Robert Binkley (FOR III).

The Committee deemed:

- as **Founded** the allegation that Deputy Daniel Mailloux # [REDACTED] violated the Department's Manual of Policy and Procedure Section(s) 3-01/025.10: Unreasonable Force and/or 3-01/050.10: Performance to Standards (punching inmate after handcuffing), and
- as **Founded** the allegation that Deputy Daniel Mailloux # [REDACTED] violated the Department's Manual of Policy and Procedure Section(s) 5-09/430.00: Use of Force Reporting and/or 3-01/050.10: Performance to Standards (notifying supervisor), and
- as **Founded** the allegation that Deputy Daniel Mailloux # [REDACTED] violated the Department's Manual of Policy and Procedure Section(s) 3-01/025.10: Unreasonable Force and/or 3-01/050.10: Performance to Standards (extensive injuries), and
- as **Founded** the allegation that Deputy Daniel Mailloux # [REDACTED] violated Department's Manual of policy and Procedure Section(s) 3-01/030.10: Obedience to Laws, Regulations and Orders as it pertains to 5-09/430.00: Use of Force Reporting and/or 3-01/050.10: Performance to Standards (extensive injuries), and
- as **Founded** the allegation that Deputy Daniel Mailloux # [REDACTED] violated the Department's Manual of Policy and Procedure Section(s) 3-01/040.70, False Statements (re: to investigators) and/or 3-01/050.10, Performance to Standards.

The Committee recommended that Deputy Mailloux be suspended for a period of **fifteen (15) days** with loss of pay and benefits from the position of deputy sheriff.

JGJ:MAH:mh



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



January 29, 2006

Deputy Daniel Mailloux, # [REDACTED]
[REDACTED]
[REDACTED]

Dear Deputy Mailloux:

On November 23, 2005, you were served with a Letter of Intention, indicating your right to respond to the Sheriff's Department's pending disciplinary action against you, as reported under File Number IAB 2145471. You were also advised of your right to review the material on which the discipline was based.

You did exercise your right to respond. However, you withdrew your grievance at Step One of the grievance process.

Therefore, you are hereby notified that you are suspended without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of fifteen (15) days effective January 30, 2006 through February 13, 2006.

An investigation under File Number IAB 2145471, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

1. That in violation of Manual of Policy and Procedures Sections 3-01/025.10, Unreasonable Force and/or 3-01/050.10, Performance to Standards, on or about April 29, 2005, while in the presence of three additional deputy sheriffs, you used unreasonable force by punching Inmate [REDACTED] multiple times, in the face, after Inmate [REDACTED] was handcuffed. Thus, you failed to conform to the work standards established for your rank of Deputy Sheriff.
2. That in violation of Manual of Policy and Procedures Section 3-01/030.10, Obedience to Laws, Regulations and Orders (*specifically as it relates to Custody Division Manual section 5-05/090.00, Escorting Procedures for Combative or Uncooperative Inmates; and/or Men's Central Jail Order 5-03-001, Confrontations with Hostile or Aggressive Inmates*), on or about April 29, 2005, after your

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altercation with Inmate [REDACTED], you attempted to escort the inmate to the medical clinic, thus failing to follow Department procedures, such as, but not limited to:

- When practical, deputies involved in a significant use of force incident shall not transport the prisoner for medical treatment.
 - As soon as practical and safe, hostile, aggressive or potentially violent inmates SHALL be taken to the floor control booth where benches are provided and the inmate(s) can be secured.
 - Time permitting, every effort should be made to contact the floor or area sergeant and await their arrival to the scene.
 - Inmates who are uncooperative and combative, or have a history of making false allegations, shall be escorted by two Department members, one member being a supervisor. The movement shall be video taped.
 - Personnel involved in an incident/altercation with a recalcitrant, uncooperative, or combative inmate shall not be part of the escorting team.
3. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (*specifically as it relates to Manual section 5-09/430.00, Use of Force, Reporting and Review Procedures*), on or about April 29, 2005, you failed to make an immediate verbal notification to your immediate supervisor after you used force upon Inmate [REDACTED], to wit, punching Inmate [REDACTED] in the face multiple times, thereby failing to conform to the work standards established for your rank or position.

Prior to imposing this disciplinary action, I have thoroughly reviewed the incident and your record with this Department.

You will hereby take notice that any future acts of misconduct may result in more severe disciplinary action.

You may appeal the Department's action in this matter pursuant to Rules 4.02, 4.05, and 18.01 of the Civil Service Rules.

Within fifteen (15) business days from the date of service of this notice of suspension, you may request a hearing on these charges before the Los Angeles County Civil Service Commission, 222 North Grand Avenue, Los Angeles, California 90012.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

John H. Clark, Captain
Commander, Men's Central Jail

Note: Attached for your convenience are excerpts of the applicable areas of the Manual of Policy and Procedures. and Civil Service Rules.

JHC:KM:tm

c: Advocacy Unit
Sammy L. Jones, Chief, Custody Operations Division
Internal Affairs Bureau
Personnel Administration
Office of Independent Review (OIR)
Men's Central Jail/unit Personnel File



LEROY D. BACA, SHERIFF

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



November 23, 2005

Deputy Daniel Mailloux, # [REDACTED]
[REDACTED]
[REDACTED]

Dear Deputy Mailloux:

You are hereby notified that it is the intention of the Sheriff's Department to suspend you without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of fifteen (15) days.

An investigation under File Number IAB 2145471, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

1. That in violation of Manual of Policy and Procedures Sections 3-01/025.10, Unreasonable Force and/or 3-01/050.10, Performance to Standards, on or about April 29, 2005, while in the presence of three additional deputy sheriffs, you used unreasonable force by punching Inmate [REDACTED] multiple times, in the face, after Inmate [REDACTED] was handcuffed. Thus, you failed to conform to the work standards established for your rank of Deputy Sheriff.
2. That in violation of Manual of Policy and Procedures Section 3-01/030.10, Obedience to Laws, Regulations and Orders (specifically as it relates to Custody Division Manual section 5-05/090.00, Escorting Procedures for Combative or Uncooperative Inmates; and/or Men's Central Jail Order 5-03-001, Confrontations with Hostile or Aggressive Inmates), on or about April 29, 2005, after your altercation with Inmate [REDACTED] you attempted to escort the inmate to the medical clinic, thus failing to follow Department procedures, such as, but not limited to:
 - When practical, deputies involved in a significant use of force incident shall not transport the prisoner for medical

A Tradition of Service

treatment.

- As soon as practical and safe, hostile, aggressive or potentially violent inmates SHALL be taken to the floor control booth where benches are provided and the inmate(s) can be secured.
 - Time permitting, every effort should be made to contact the floor or area sergeant and await their arrival to the scene.
 - Inmates who are uncooperative and combative, or have a history of making false allegations, shall be escorted by two Department members, one member being a supervisor. The movement shall be video taped.
 - Personnel involved in an incident/altercation with a recalcitrant, uncooperative, or combative inmate shall not be part of the escorting team.
3. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (*specifically as it relates to Manual section 5-09/430.00, Use of Force, Reporting and Review Procedures*), on or about April 29, 2005, you failed to make an immediate verbal notification to your immediate supervisor after you used force upon Inmate [REDACTED], to wit, punching Inmate [REDACTED] in the face multiple times, thereby failing to conform to the work standards established for your rank or position.

Prior to determining this disciplinary action, the Executive Force Review Committee and I have thoroughly reviewed the incident and your record with this Department.

You have the right to grieve this disciplinary action within ten (10) business days of receipt of this letter. Your grievance procedures may be found in your classification's negotiated Memorandum of Understanding.

Failure to respond to this Letter of Intent within ten (10) business days will be considered a waiver of your right to grieve and will result in the imposition of this discipline indicated herein.

You may receive a copy of the material on which the discipline is based by contacting Tajuana Moore of the Internal Affairs Bureau at [REDACTED] and arranging an

appointment during the ten (10) day period in which you may respond.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

John H. Clark, Captain
Commander, Men's Central Jail

JHC:KM:tm

c: Advocacy Unit
Employee Relations Unit
Sammy L. Jones, Chief, Custody Operations Division
Internal Affairs Bureau
Office of Independent Review (OIR)
(File # IAB 2145471)

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See Reverse

UR

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- (AW) Arwen
- (BC) Baton: (Control)
- (BI) Baton: (Impact)
- (BF) Bodily Fluids
- (CN) Canine
- (CR) Carotid Restraint
- (CH) Choke Hold
- (CT) Control Holds: (Control Techniques)
- (TT) Control Holds: (Team Takedown)
- (TD) Control Holds: (Takedown)
- (CE) Chemical
- (OC) Chemical Agents (OC Spray)
- (TG) Chemical Agents (Tear Gas)
- (EX) Explosives

- (FH) Firearm (Handgun)
- (FR) Firearm (Rifle)
- (FS) Firearm (Shotgun)
- (FO) Firearm (Other)
- (FB) Flashbang
- (FL) Flashlight
- (OE) Other Weapon: Edged
- (OV) Other Weapon: Vehicle
- (OB) Other Weapon: Blunt Object
- (OO) Other Weapon: Other
- (PK) Personal Weapon: Feet/Legs
- (PS) Personal Weapon: Feet/Legs
- (PH) Personal Weapon (Hand/Arm)
- (PP) Personal Weapon (Push)

- (PO) Personal Weapon (Other)
- (RS) Resistance
- (CN) Restraint Device (Capture Net)
- (RH) Restraint Device (Handcuffs)
- (HB) Restraint Device: Hobble (Legs Only)
- (TP) Restraint Device: Hobble (TARP)
- (RE) Restraint Device: REACT Belt
- (SP) Sap
- (SH) Shield
- (SG) 37mm Stinger
- (SB) Sting Ball
- (ST) Stun Bag
- (TR) Taser
- (UC) Uncooperative

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

(Only One Code Per Block)

[illegible]

Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

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Involved Employee

E1	Employee #	Last Name MAILLOUX	First Name DANIEL	Middle Name R.
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Men's Central Jail	Work Assignment (Unit #, Module, etc.): 6000
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5' 09" Weight: 200
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

E2	Employee #	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W.	Unit of Assignment: Men's Central Jail	Work Assignment (Unit #, Module, etc.): 6050
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5' 11" Weight: 260
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

E3	Employee #	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W.	Unit of Assignment: Men's Central Jail	Work Assignment (Unit #, Module, etc.): Clinic MVT DEP #1
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6' 00" Weight: 155
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

E4	Employee #	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: Hispanic	Unit of Assignment: Men's Central Jail	Work Assignment (Unit #, Module, etc.): Clinic
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5' 05" Weight: 130
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital: _____		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

Supervisor's Report on Use of Force

SUSPECT INFORMATION

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Suspect Information									
S	Last Name			First Name			Middle Name		
	AKA Last Name			First Name			Middle Name		
Sex:		Race:	Street Address:			City:	State & Zip Code:		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Hispanic							
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
				28	5' 05"		140	<input type="checkbox"/>	
Booking #:		Primary Charge:			Secondary Charge:			Criminal History	
Hospital Admission?		Rec'd Treatment At:			LCMC			Coroner Case#: Mental History	
<input checked="" type="checkbox"/>								<input type="checkbox"/>	
Under Influence:					Photos of Suspect's Injuries				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance:					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Suspect Interview									
Date:			Time:		Audiotape:		Videotape:		
4-29-05					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Suspect Information									
S	Last Name			First Name			Middle Name		
	AKA Last Name			First Name			Middle Name		
Sex:		Race:	Street Address:			City:	State & Zip Code:		
<input type="checkbox"/> Male <input type="checkbox"/> Female									
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
								<input type="checkbox"/>	
Booking #:		Primary Charge:			Secondary Charge:			Criminal History	
								<input type="checkbox"/>	
Hospital Admission?		Rec'd Treatment At:			Coroner Case#: Mental History				
<input type="checkbox"/>								<input type="checkbox"/>	
Under Influence:					Photos of Suspect's Injuries				
<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Suspect Interview									
Date:			Time:		Audiotape:		Videotape:		
					<input type="checkbox"/>		<input type="checkbox"/>		
Suspect Information									
S	Last Name			First Name			Middle Name		
	AKA Last Name			First Name			Middle Name		
Sex:		Race:	Street Address:			City:	State & Zip Code:		
<input type="checkbox"/> Male <input type="checkbox"/> Female									
Work Phone:		Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?	
								<input type="checkbox"/>	
Booking #:		Primary Charge:			Secondary Charge:			Criminal History	
								<input type="checkbox"/>	
Hospital Admission?		Rec'd Treatment At:			Coroner Case#: Mental History				
<input type="checkbox"/>								<input type="checkbox"/>	
Under Influence:					Photos of Suspect's Injuries				
<input type="checkbox"/> YES <input type="checkbox"/> NO Substance:					<input type="checkbox"/> YES <input type="checkbox"/> NO				
Suspect Interview									
Date:			Time:		Audiotape:		Videotape:		
					<input type="checkbox"/>		<input type="checkbox"/>		